## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09517042

|  |                                       | <del></del>                     | Column 1)         | SMALL ENTITY TYPE O                             |  |                     | OTHER THAN<br>SMALL ENTITY |            |                                       |  |
|--|---------------------------------------|---------------------------------|-------------------|---|--|---------------------|----------------------------|------------|---------------------------------------|--|
| FO   | PR                                    | NUMB                            | ER FILED          | NUMBER I  | EXTRA  | RATE                | FEE                        | [          | RATE                                  | FEE  |
| ВА   | SIC FEE                               |                                 |                   |   | THE PROPERTY OF THE PARTY OF TH |                     | 345.00                     | OR         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 690.00   |
| то   | TAL CLAIMS                            | 13                              | minus 2           | -   |  | X\$ 9=              |                            | OR         | X\$18=                                | 954  |
| IND  | EPENDENT CL                           | AIMS 3                          | minus (           | 3 = *   |  | X39=                |                            | OR         | X78=                                  |  |
| MU   | LTIPLE DEPEN                          | DENT CLAIM P                    |                   |   |  | 1 1                 |                            | ļ          |                                       |  |
| * If   | the difference                        | +130=                           |                   | OR  | +260=  | A                   |                            |            |                                       |  |
| "  |                                       | LAIMS AS                        |                   | TOTAL   |  | OR                  | TOTAL                      | Myy        |                                       |  |
|  | CI                                    | SMALL E                         | ENTITY            | OR  | OTHER<br>SMALL E   |                     |                            |            |                                       |  |
|  |                                       | (Column 1)<br>CLAIMS            | The second second | (Column 2) HIGHEST                              | (Column 3)   |                     |                            | , ,        |                                       |  |
| AMENDMENT A                                    |                                       | REMAINING<br>AFTER<br>AMENDMENT |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR                | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE     |            | RATE                                  | ADDI-<br>TIONAL<br>FEE                           |
| NDM  | Total                                 | *                               | Minus             | **  | =  | X\$ 9=              |                            | OR         | X\$18=                                |  |
| \ME  | Independent                           | *                               | Minus             | ***   | = .  | X39=                |                            | OR         | X78=                                  |  |
| $\Box$   | FIRST PRESE                           | NTATION OF N                    | IULTIPLE DEF      | PENDENT CLAIM                                   |  |                     |                            | Jun        |                                       | <del>                                     </del> |
| 1  |                                       | _                               | _                 |   |  | +130=               | <b>[</b>                   | OR         | +260≃                                 |  |
|  |                                       |                                 |                   |   |  | TOTAL<br>ADDIT. FEE |                            | OR         | TOTAL<br>ADDIT. FEE                   |  |
| L  |                                       | (Column 1)                      |                   | (Column 2)                                      | (Column 3)   | . won. ret          |                            | -          | . See F <b>CC</b> .                   |  |
| В  |                                       | CLAIMS                          | :                 | HIGHEST   |  |                     | ADDI-                      | 1 4        |                                       | ADDI-  |
|  |                                       | REMAINING<br>AFTER              | '                 | NUMBER<br>PREVIOUSLY                            | PRESENT<br>EXTRA   | RATE                | TIONAL                     | 1 1        | RATE                                  | TIONAL   |
| MEN  |                                       | AMENDMENT                       | -                 | PAID FOR  | -  | -                   | FEE                        | <b>[</b> ] |                                       | FEE  |
| <b>AMENDMENT</b>                               | Total                                 | *                               | Minus             | **  | =  | X\$ 9=              |                            | OR         | X\$18=                                | <u> </u>   |
| AME  | Independent                           | NITATION                        | Minus             | ***   | =  | X39=                |                            | OR         | X78=                                  | 1  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                       |                                 |                   |   |  | +130=               |                            | OR         | +260=                                 | <b>T</b>   |
|  |                                       |                                 |                   |   |  | TOTAL<br>ADDIT. FEE | -                          |            | TOTAL                                 | <del> </del>                                     |
|  |                                       |                                 |                   |   |  |                     | <b>L</b>                   | OR         | ADDIT. FEE                            | L  |
| <b>L</b>                                       |                                       | (Column 1)                      | <del></del>       | (Column 2)                                      | (Column 3)   |                     |                            |            |                                       |  |
| U  | ^                                     | CLAIMS<br>REMAINING             |                   | HIGHEST<br>NUMBER                               |  |                     | ADDI-                      | <b>1</b>   |                                       | ADDI-  |
| K  |                                       | AFTER AMENDMENT                 |                   | PREVIOUSLY PAID FOR                             | PRESENT<br>EXTRA   | RATE                | TIONAL                     |            | RATE                                  | TIONAL   |
| DME  | Total                                 | . 00                            | Minus             | ** 73   | = 7  | X\$ 9=              |                            |            | X\$18=                                | FEE  |
| AMENDMENT C                                    | Independent                           | · H                             | Minus             | /   | = ]  |                     |                            | OR         |                                       | <del> </del>                                     |
| ٤  | FIRST PRESE                           | NTATION OF N                    | 1ULTIPLE DEF      | PENDENT CLAIM                                   | <del></del>  | X39=                | <u> </u>                   | OR         | X78=                                  |  |
| Γ  | · · · · · · · · · · · · · · · · · · · |                                 |                   |   |  | +130=               |                            | OR         | +260=                                 |  |
|  | If the "Highest Nur                   | mber Previously F               | Paid For" IN THI  | umn 2, write "0" in co                          | an 20, enter "20."   | TOTAL ADDIT. FEE    |                            | OR         | TOTAL<br>ADDIT. FEE                   |  |
|  |                                       |                                 |                   | IS SPACE is less that<br>or Independent) is the |  |                     | propriate box              |            |                                       |  |

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

|                             |  |   | <b></b>                                 |              |                                |   |          |                            |                        |                  |                     |                         |
|-----------------------------|--|---|---|--------------|--------------------------------|---|----------|----------------------------|------------------------|------------------|---------------------|-------------------------|
| VD.                         |  |   | S FILED - PART I  (Column 1) (Column 2) |              |                                | _                                       | SMALL EN | OTHER THAN OR SMALL ENTITY |                        |                  |                     |                         |
| TOTAL CLAIMS                |  |   |   |              | ¥ 1.                           | · • • • • • • • • • • • • • • • • • • • |          | RATE                       | FEE                    |                  | RATE                | FEE                     |
| FOR                         |  |   | NUMBER FILED N                          |              | NUMB                           | NUMBER EXTRA                            |          | BASIC FEE                  | 370.00                 | OR               | BASIC FEE           | 740.00                  |
| то                          | TAL CHARGEA  | BLE CLAIMS                                | min                                     | us 20=       | *                              |   |          | X\$ 9=                     |                        | OR               | X\$18=              |                         |
| IND                         | DEPENDENT CL   | AIMS                                      | miı                                     | nus 3 =      | *                              |   |          | X42=                       |                        | OR               | X84=                |                         |
| MU                          | ILTIPLE DEPENI   | DENT CLAIM PF                             | RESENT                                  |              |                                |   |          | +140=                      |                        | OR               | +280=               |                         |
| * If                        | the difference   | in column 1 is                            | less than zero, enter "0" in column 2   |              |                                | ł                                       | TOTAL    |                            | OR                     | TOTAL            |                     |                         |
| CLAIMS AS AMENDED - PART II |  |   |   |              |                                |   | '        | -NITITY                    |                        | OTHER<br>SMALL E |                     |                         |
|                             | <u> </u>   | (Column 1)                                |   |              |                                | (Column 3)                              | 1 _      | SMALLE                     | ····                   | OR               | SWALL               | <del>, </del>           |
| AMENDMENT A                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA                        |          | RATE                       | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE  |
| NDW                         | Total  | *47                                       | Minus                                   | ** .         | 30                             | =                                       | 1        | X\$ 9=                     |                        | OR               | X\$7/8=             |                         |
| AME                         | Independent  | * 8                                       | Minus                                   | ***          | 9                              | = 3                                     | 1 1      | X42=                       |                        | ØH.              | X84=                | 252                     |
| L                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                   |   |   |              |                                |   |          |                            |                        |                  |                     |                         |
|                             |  |   |   |              |                                |   |          | +140=                      |                        | OR               | +280=<br>TOTAL      |                         |
| _                           |  |   | !                                       | ,            | X.                             |   | ,        | TOTAL<br>ADDIT. FEE        |                        | OR               | ADDIT. FEE          |                         |
|                             | 7  | (Column 1)                                |   |              | mn 2)                          | (Column 3)                              |          |                            |                        | _                |                     |                         |
| AMENDMENT B                 | Sau Allen de   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUM<br>PREVI | HEST<br>MBER<br>MOUSLY<br>DFOR | PRESENT<br>EXTRA                        |          | RATE                       | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE  |
| NOW                         | Total  | * 6                                       | Minus                                   | ** }         | 7)                             | ±                                       |          | X\$ 9=                     |                        | OR               | X\$18=              |                         |
| AME                         | Independent  | * /                                       | Minus                                   | ***          | TCIA                           | = .                                     | 1        | X42=                       |                        | ОR               | X84=                |                         |
| با                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                   |   |   |              |                                |   |          | +140=                      |                        | OR               | +280=               |                         |
|                             |  |   |   |              |                                |   | . \      | TOTAL<br>ADDIT. FEE        |                        | OR               | TOTAL               |                         |
|                             | (Column 1) (Column 2) (Column 3)                                 |   |   |              |                                |   |          |                            |                        | •                | ADDIT. FEE          | <del>••••••••••••</del> |
|                             |  | (Column 1)                                | 1                                       |              | IMN 2)<br>HEST                 | ·(Column 3)                             | ١.       |                            |                        | 1                |                     |                         |
| ENT C                       |  | REMAINING<br>AFTER                        |   | NUM          | MBER<br>IOUSLY                 | PRESENT<br>EXTRA                        |          | RATE                       | ADDI-<br>TIONAL        |                  | RATE                | ADDI-<br>TIONAL         |
|                             |  | AMENDMENT                                 |   | 1            | FOR                            |   | 1 1      |                            | FEE                    |                  |                     | FEE                     |
| AMENDMENT                   | Total  | *   | Minus                                   | **           |                                | =                                       | 1        | X\$ 9=                     |                        | OR               | X\$18=              |                         |
| AME                         | Independent  | *   | Minus                                   | ***          |                                | =                                       | ]        | X42=                       |                        |                  | X84=                |                         |
|                             | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                              | PENDEN       | T CLAIM                        |   | ]        | /\ <del>-</del>            |                        | OR               |                     | <b> </b>                |
|                             | If the entry in colu   | mn 1 in less than "                       | ho onto in a                            | ıma O ····   | 10 "O" :                       | dump 3                                  |          | +140=                      |                        | OR               | +280=               |                         |
| -                           | ILLUD PRINTIN ACTOR  | uur i is iess than ti                     | animi in coli                           | ann 2 Writ   | ം വിവാഗ                        | neran 3.                                |          | TOTAL                      |                        | 4                |                     |                         |
| **                          | If the "Highest Nu<br>"If the "Highest Nu<br>"If the "Highest Nu | mber Previously P                         | aid For" IN TH                          | IS SPACE     | is less tha                    | an 20, enter "20.                       |          | TOTAL<br>ADDIT. FEE        |                        | OR               | TOTAL<br>ADDIT. FEE | <u></u> _               |